

471-000-532 Nebraska Medicaid Managed Care and Fee-For Service Care Fee Schedule for Mental Health and Substance Abuse Services

This fee schedule lists the procedure codes and rates for mental health and substance abuse services. Each procedure code is listed with the Medicaid fee schedule allowable for the type of provider. Payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Procedure Code Descriptions:

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS web site at <http://www.cms.hhs.gov>. HCPCS procedure code manuals are available through private vendors.

NOTE: This appendix includes information for both NMAP (Nebraska Medical Assistance Program) "Fee-for Service" (non-managed care) codes and NMMCP (Nebraska Medicaid Managed Care Program) managed care codes.

Providers must be specifically enrolled with Medicaid for each type of service they provide to a Medicaid fee-for-service (NMAP) client.

Providers must be specifically enrolled with Medicaid and credentialed with Magellan for each type of service they provide to a Medicaid managed care (NMMCP) client.

Please call the Nebraska Medicaid Inquiry Line at 1-877-255-3092 (or 471-9128 in Lincoln) with questions about this Fee Schedule.

FEE FOR SERVICE

Procedure Code	M.D.	PA/ APRN	Psychologist	Provisional Psychologist	LIMHP/ LMHP/ PLMHP/ RN	LADC	Facility/ Agency/ CTA/ other
90801	\$125.70	\$117.74	\$98.65	\$84.33			
90804	\$64.92	\$52.03	\$53.94	\$51.08	\$45.35 (\$43.44prov)	\$45.35	
90804 U2	\$64.92	\$52.03	\$53.94	\$51.55	\$45.35 (\$42.96prov)	\$45.35	
90804 U3	\$64.92	\$52.03	\$53.94	\$51.55	\$45.35 (\$42.96prov)	\$45.35	
90804 U4	\$64.92	\$52.03	\$53.94	\$51.55	\$45.35 (\$42.96prov)	\$45.35	
90804 U5	\$64.92	\$52.03	\$53.94	\$51.55	\$45.35 (\$42.96prov)	\$45.35	
90804 U6	\$64.92	\$52.03	\$53.94	\$51.55	\$45.35 (\$42.96prov)	\$45.35	
90805	\$56.98	\$39.77					
90805 U2	\$56.98	\$39.77					
90805 U3	\$56.98	\$39.77					
90805 U4	\$56.98	\$39.77					
90805 U5	\$56.98	\$39.77					
90805 U6	\$56.98	\$39.77					
90806	\$99.59	\$79.48	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90806 U2	\$99.59	\$79.48	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90806 U3	\$99.59	\$79.48	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90806 U4	\$99.59	\$79.48	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90806 U5	\$99.59	\$79.48	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90806 U6	\$99.59	\$79.48	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90806 ET	\$99.59	\$80.43	\$82.35	\$78.52	\$68.94 (\$66.07prov)	\$68.94	
90807	\$106.33	\$69.23					
90807 U2	\$106.33	\$69.23					
90807 U3	\$106.33	\$69.23					
90807 U4	\$106.33	\$69.23					
90807 U5	\$106.33	\$69.23					
90807 U6	\$106.33	\$69.23					
90808	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	

Procedure Code	M.D.	PA/ APRN	Psychologist	Provisional Psychologist	LIMHP/ LMHP/ PLMHP/ RN	LADC	Facility/ Agency/ CTA/ other
90808 U2	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	
90808 U3	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	
90808 U4	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	
90808 U5	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	
90808 U6	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	
90808 ET	\$150.08	\$120.31	\$125.28	\$119.07	\$105.43 (\$100.47prov)	\$105.43	
90809	\$108.38	\$94.45					
90809 U2	\$108.38	\$94.45					
90809 U3	\$108.38	\$94.45					
90809 U4	\$108.38	\$94.45					
90809 U5	\$108.38	\$94.45					
90809 U6	\$108.38	\$94.45					
90817	\$56.98	\$45.11					
90819	\$107.56	\$97.67					
90822	\$130.06	\$120.77					
90846	\$111.36	\$80.24	\$88.43	\$86.79	\$80.24 (\$78.60prov)	\$80.24	
90846 HA	\$116.00	\$84.58	\$93.59	\$91.30	\$84.58 (\$82.52prov)	\$84.58	
90846 U2	\$111.36	\$80.24	\$88.43	\$86.79	\$80.24 (\$78.60prov)	\$80.24	
90846 U3	\$111.36	\$80.24	\$88.43	\$86.79	\$80.24 (\$78.60prov)	\$80.24	
90846 U4	\$111.36	\$80.24	\$88.43	\$86.79	\$80.24 (\$78.60prov)	\$80.24	
90846 U5	\$111.36	\$80.24	\$88.43	\$86.79	\$80.24 (\$78.60prov)	\$80.24	
90846 U6	\$111.36	\$80.24	\$88.43	\$86.79	\$80.24 (\$78.60prov)	\$80.24	
90847	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$80.24	
90847 HA	\$121.44	\$98.04	\$101.81	\$96.92	\$86.20 (\$82.10prov)	\$86.21	
90847 U2	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$80.24	

Procedure Code	M.D.	PA/ APRN	Psychologist	Provisional Psychologist	LIMHP/ LMHP/ PLMHP/ RN	LADC	Facility/ Agency/ CTA/ other
90847 U3	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$80.24	
90847 U4	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$80.24	
90847 U5	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$80.24	
90847 U6	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$80.24	
90847 ET	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$81.88	
90847 HA	\$117.91	\$93.34	\$91.71	\$81.88	\$81.88 (\$78.60prov)	\$81.88	
90853	\$35.54	\$28.20	\$29.38	\$28.20	\$24.67 (\$23.50prov)	\$24.67	
90853 U2	\$35.54	\$28.20	\$29.38	\$28.20	\$24.67 (\$23.50prov)	\$24.67	
90853 U3	\$35.54	\$28.20	\$29.38	\$28.20	\$24.67 (\$23.50prov)	\$24.67	
90853 U4	\$35.54	\$28.20	\$29.38	\$28.20	\$24.67 (\$23.50prov)	\$24.67	
90853 U5	\$35.54	\$28.20	\$29.38	\$28.20	\$24.67 (\$23.50prov)	\$24.67	
90853 U6	\$35.54	\$28.20	\$29.38	\$28.20	\$24.67 (\$23.50prov)	\$24.67	
90862	\$40.97	\$35.80					
90862 GT	\$40.97	\$35.80					
90870	\$53.53						\$105.89
90887	\$26.65	\$21.87	\$21.87	\$15.91	\$16.30 (\$15.91prov)	\$15.91	
96101			\$86.87	\$84.01			
96101 52			\$42.96	\$42.01			
99211	\$30.79	\$27.31					
99212	\$46.22						
99213	\$61.74						
99214	\$84.72						
99215	\$84.32						
99221	\$46.84						
99222	\$72.64						
99223	\$88.82						
99231	\$28.93						
99232	\$43.18						
99233	\$51.19						

Procedure Code	M.D.	PA/ APRN	Psychologist	Provisional Psychologist	LIMHP/ LMHP/ PLMHP/ RN	LADC	Facility/ Agency/ CTA/ other
99241	\$45.41						
99242	\$52.97						
99243	\$85.70						
99244	\$94.53						
99245	\$95.86						
99251	\$48.23						
99252	\$60.10						
99253	\$86.18						
99254	\$101.28						
99255	\$115.75						
H0001 (age 20 or <)	\$213.55	\$177.96	\$213.55		\$177.96 (Prov not billable)		
H0001 52 (age 20 or <)	\$63.65	\$63.65	\$63.65		\$63.65 (Prov not billable)		
H0002	\$213.55	\$177.96	\$213.55	\$208.21	\$177.96 (\$172.62prov)		
H0002 52	\$63.65	\$63.65	\$63.65	\$62.37	\$63.65 (\$62.37prov)		
H0018 U1							\$166.00
H0031 AH			\$79.25				
H0031 HO					\$76.38 (LIMHP only)		
H0031 52					\$58.61 (LIMHP only)		
H0036							\$10.80
H0040							\$42.88
H0040 52							\$40.29
H1011	\$68.12	\$68.12	\$68.12	\$66.64	\$68.12 (\$66.64prov)		
H2014							\$6.91
H2012							\$40.61
H2012 52							\$40.61
H2017							\$2.21
H2018							\$52.34
H2018 HK							\$214.17
H2018 TG							\$107.06
H2027							\$10.80
S9484 (per hr.)							\$10.80

FEE FOR SERVICE INPATIENT

Inpatient		Tiered Per Diem	Facility Rate
Days 1 & 2		Days 1 & 2	\$673.82
Days 3 & 4		Days 3 & 4	\$622.87
Days 5 & 6		Days 5 & 6	\$594.56
Days 7 +		Days 7 +	\$566.25
Subacute		(not tiered)	\$502.47

MEDICAID REHAB OPTION (MRO)

Procedure Code	Service	Unit	Facility Rate
H0040	ACT	Day	\$42.91
H0040 52	Alt. ACT	Day	\$40.34
H2015 HE	Community Support - MH	15 minutes	\$20.00
H2015 HF	Community Support - SA	15 minutes	\$20.00
H2017	Day Rehab - half day	15 minutes (bill 12 units)	\$2.18
H2018	Day Rehab - full day	Day	\$52.44
H2018 HK	Secure Res Rehab	Day	\$324.87
H2018 TG	Residential Rehab	Day	\$107.25

MEDICAID INJECTABLE MEDICATIONS

Procedure Code	Medications	M.D., APRN
J2426	Paliperidone Palmitate 1 mg (Invega)	Invoice
J0400	Aripiprazole 0.25 mg (Abilify)	\$0.35
J1630	Haloperidol 5 mg. (Haldol)	\$2.25
J1631	Haloperidol Decanoate 50 mg. (Haldol Dec)	\$3.85
J2315	Naltrexone Depot 1 mg. (Vivitrol)	Invoice
J2680	Fluphenazine Decanoate 25 mg. (Prolixin)	\$3.00
J2794	Risperidone, LA 0.5 mg. (Risperdal Consta)	Invoice
S0166	Olanzapine 2.5 mg. (Zyprexa)	\$7.19
96372	Therapeutic Injection	\$13.23

Medicaid Managed Care Professional Services Rates

INPATIENT PROFESSIONAL SERVICES: one per authorized IP day when per diem excludes this charge.

Procedure Code	Physician Rates	PA/APRN Rates	Procedure Code	Physician Rates	PA/APRN Rates
99221 Initial, Low	\$47.11	N/B	99251 Hospital Consul	\$48.27	N/B
99222 Initial Moderate	\$72.50	N/B	99252 Hospital Consul	\$60.39	N/B
99223 Initial, High	\$89.02	N/B	99253 Hospital Consul	\$86.58	N/B
99231 Subsequent, Low	\$29.00	N/B	99254 Initial Consul	\$101.97	N/B
99232 Subsequent, Moderate	\$43.44	N/B	99255 Initial Consul	\$115.40	N/B
99233 Subsequent, High	\$51.62	N/B			

OUTPATIENT & COMMUNITY-BASED PROFESSIONAL SERVICES

Service Description	Procedure Code	Physician	Psychologist and Provisional Psychologist	LIMHP/LMHP/PLMHP/RN/ LADC	PA/APRN
Initial Diagnostic Interview	90801	\$126.19	\$ 97.98 (\$84.79 prov)	N/B	\$118.47
Initial Diagnostic Interview	H0031 HO	N/B	N/B	\$ 76.43 (only LIMHP)	N/B
Biopsychosocial Assessment	H0002	\$213.69	\$ 213.69 (\$208.21 prov)	\$ 178.08 (\$173.52 prov, N/B by LADC)	\$178.08
Addendum to Biopsychosocial Assessment	H0002 52	\$63.70	\$ 63.70 (\$62.06 prov)	\$ 63.70 (\$62.06 prov, N/B by LADC)	\$63.70
Substance Abuse Assessment (age 20 or <)	H0001	\$213.69	\$ 213.69 (N/B by prov)	\$ 178.08 (only LIMHP, LMHP, RN)	\$178.08
Addendum to Substance Abuse Assessment (age 20 or <)	H0001 52	\$63.70	\$ 63.70 (N/B by prov)	\$ 63.70 (only LIMHP, LMHP, RN)	\$63.70
Sexual Offending Risk Assessment (age 20 or <)	H2000 SK	\$505.16	\$ 505.16 (\$492.20 prov)	\$ 505.16 (\$492.20 prov, N/B by LADC)	\$505.16
Addendum to SO Risk Assessment (age 20 or <)	H2000 HA	\$251.63	\$ 251.63 (\$245.18 prov)	\$ 251.63 (\$245.18 prov, N/B by LADC)	\$251.63
Individual Psychotherapy	90804	\$65.09	\$ 54.21 (\$51.50 prov)	\$ 45.56 (\$43.28 prov)	\$52.12
Individual Psychotherapy - with Medical Management	90805	\$56.77	N/B	N/B	\$40.04
Individual Psychotherapy	90806	\$99.56	\$ 82.92 (\$78.77 prov)	\$ 69.69 (\$66.20 prov)	\$79.72
Individual Psychotherapy - Crisis	90806 ET	\$99.56	\$ 82.92 (\$78.77 prov)	\$ 69.69 (\$66.20 prov)	\$79.72
Individual Psychotherapy	90808	\$150.74	\$ 125.54 (\$119.26 prov)	\$ 105.52 (\$100.24 prov)	\$120.70
Individual Psychotherapy - Crisis	90808 ET	\$150.74	\$ 125.54 (\$119.26 prov)	\$ 105.52 (\$100.24 prov)	\$120.70
Oral Interpretation	T1013	\$6.74	\$6.74	\$6.74	\$6.74
Sign Language Interpretation	T1013 SC	\$9.44	\$9.44	\$9.44	\$9.44
CAP Services	H0046	\$62.73	\$ 62.73 (\$61.12 prov)	\$ 62.73 (\$61.12 prov)	N/B

Service Description	Procedure Code	Physician	Psychologist and Provisional Psychologist	LIMHP/LMHP/PLMHP/RN/ LADC	PA/APRN
Individual Psychotherapy - with Medical Management	90807	\$106.50	N/B	N/B	\$69.78
Individual Psychotherapy - with Medical Management	90809	\$107.74	N/B	N/B	\$94.61
Individual Psychotherapy - with Medical Management	90817	\$56.87	N/B	N/B	\$45.22
Individual Psychotherapy - with Medical Management	90819	\$108.00	N/B	N/B	\$97.83
Individual Psychotherapy - with Medical Management	90822	\$129.70	N/B	N/B	\$120.11
Family Psychotherapy w/o Client Present: Office	90846	\$112.00	\$ 89.59 (\$87.30 prov)	\$ 80.58 (\$78.56 prov)	\$80.58
Family Psychotherapy w/o Client Present: Home	90846 HA	\$116.00	\$ 93.59 (\$91.30 prov)	\$ 84.58 (\$82.52 prov)	\$84.58
Family Psychotherapy: Office	90847	\$117.44	\$ 97.81 (\$92.92 prov)	\$ 82.21(\$78.10 prov)	\$94.04
Family Psychotherapy: Home	90847 HA	\$121.44	\$ 101.81 (\$96.92 prov)	\$ 86.21 (\$82.10 prov)	\$98.04
Family Psychotherapy - Crisis	90847 ET	\$117.44	\$ 97.81 (\$92.92 prov)	\$ 82.21(\$78.10 prov)	\$94.04
Family Assessment	H1011	\$67.96	\$ 67.96 (\$66.22 prov)	\$ 67.96 (\$66.22 prov, N/B LADC)	\$67.96
Group Psychotherapy	90853	\$35.49	\$ 29.55 (\$28.07 prov)	\$ 24.84 (\$23.60 prov)	\$28.41
Pharmacological Management	90862	\$41.08	N/B	N/B	\$35.98
Conference re Client Treatment	90887	\$26.78	\$ 21.95 (\$16.07 prov)	\$ 16.38 (\$15.96 prov)	\$21.95
Psychological Testing 1 Hour	96101	N/B	\$ 86.58 (\$84.36 prov)	N/B	N/B
Psychological Testing 1/2 Hour	96101 52	N/B	\$ 43.20 (\$42.09 prov)	N/B	N/B
Supervision Assessment by Psychologist	H0031 AH	N/B	\$ 79.37 (N/B by Prov)	N/B	N/B
Supervision Assessment by LIMHP	H0031 52	N/B	N/B	\$ 58.66 (only LIMHP)	N/B
E.C.T. (single seizure)	90870	\$53.86	N/B	N/B	N/B
Established Patient Evaluation	99211	\$30.73	N/B	N/B	\$27.39
Established Patient, Focused	99212	\$46.33	N/B	N/B	N/B
Established Patient, Expanded	99213	\$61.49	N/B	N/B	N/B
Established Patient Evaluation	99214	\$84.80	N/B	N/B	N/B
Established Patient Evaluation	99215	\$84.45	N/B	N/B	N/B
Outpatient Consultation, Focused	99241	\$45.49	N/B	N/B	N/B
Outpatient Consultation, Expanded	99242	\$52.71	N/B	N/B	N/B
Outpatient Consultation, Detailed	99243	\$85.81	N/B	N/B	N/B
Outpatient Consultation, Comprehensive	99244, 99245	\$94.69	N/B	N/B	N/B
Therapeutic Injection	96372	\$13.23	N/B	N/B	\$13.23

Service Description	Procedure Code	Physician	Psychologist and Provisional Psychologist	LIMHP/LMHP/PLMHP/RN/ LADC	PA/APRN
Community Treatment Aide (CTA)	H0036	per 15 minute unit: \$ 10.80			
Day Treatment (DT)					
DT - Direct Care Staff	H2027	Psychoeducation staff, per 15 minute unit: \$ 10.80			
DT- Individual Therapy	90804 U3	\$65.09	\$ 54.21 (\$51.50 prov)	\$ 45.56 (\$43.28 prov)	\$52.12
DT- Individual Therapy	90805 U3	\$56.77	N/B	N/B	\$40.04
DT- Individual Therapy	90806 U3	\$99.56	\$ 82.92 (\$78.77 prov)	\$ 69.69 (\$66.20 prov)	\$79.72
DT- Individual Therapy	90807 U3	\$106.50	N/B	N/B	\$69.78
DT- Individual Therapy	90808 U3	\$150.74	\$125.54 (\$119.26 prov)	\$ 105.52 (\$100.24 prov)	\$120.70
DT- Individual Therapy	90809 U3	\$107.74	N/B	N/B	\$94.61
DT- Family Therapy	90846 U3	\$112.00	\$ 89.59 (\$87.30 prov)	\$ 80.58 (\$78.56 prov)	\$80.58
DT- Family Therapy	90847 U3	\$117.44	\$ 97.81 (\$92.92 prov)	\$ 82.21(\$78.10 prov)	\$94.04
DT- Group Therapy	90853 U3	\$35.49	\$ 29.55 (\$28.07 prov)	\$ 24.84 (\$23.60 prov)	\$28.41
Intensive Outpatient - Psych. (IOP)					
IOP - Direct Care Staff	H2014	Psychoeducation staff, per 15 minute unit: \$ 6.91			
IOP Facility - Individual Therapy	90804 U4	\$65.09	\$ 54.21 (\$51.50 prov)	\$ 45.56 (\$43.28 prov)	\$52.12
IOP Facility - Individual Therapy	90805 U4	\$56.77	N/B	N/B	\$40.04
IOP Facility - Individual Therapy	90806 U4	\$99.56	\$ 82.92 (\$78.77 prov)	\$ 69.69 (\$66.20 prov)	\$79.72
IOP Facility - Individual Therapy	90807 U4	\$106.50	N/B	N/B	\$69.78
IOP Facility - Individual Therapy	90808 U4	\$150.74	\$ 125.54 (\$119.26 prov)	\$105.52 (\$100.24 prov)	\$120.70
IOP Facility - Individual Therapy	90809 U4	\$107.74	N/B	N/B	\$94.61
IOP Facility - Family Therapy	90846 U4	\$112.00	\$ 89.59 (\$87.30 prov)	\$ 80.58 (\$78.56 prov)	\$80.58
IOP Facility - Family Therapy	90847 U4	\$117.44	\$ 97.81 (\$92.92 prov)	\$ 82.21(\$78.10 prov)	\$94.04
IOP Facility - Group Therapy	90853 U4	\$35.49	\$ 29.55 (\$28.07 prov)	\$ 24.84 (\$23.60 prov)	\$28.41
IOP Home - Individual Therapy	90804 U5	\$65.09	\$ 54.21 (\$51.50 prov)	\$ 45.56 (\$43.28 prov)	\$52.12
IOP Home - Individual Therapy	90805 U5	\$56.77	N/B	N/B	\$40.04
IOP Home - Individual Therapy	90806 U5	\$99.56	\$ 82.92 (\$78.77 prov)	\$ 69.69 (\$66.20 prov)	\$79.72
IOP Home - Individual Therapy	90807 U5	\$106.50	N/B	N/B	\$69.78
IOP Home - Individual Therapy	90808 U5	\$150.74	\$125.54 (\$119.26 prov)	\$105.52 (\$100.24 prov)	\$120.70
IOP Home - Individual Therapy	90809 U5	\$107.74	N/B	N/B	\$94.61
IOP Home - Family Therapy	90846 U5	\$112.00	\$ 89.59 (\$87.30 prov)	\$ 80.58 (\$78.56 prov)	\$80.58
IOP Home - Family Therapy	90847 U5	\$117.44	\$ 97.81 (\$92.92 prov)	\$ 82.21(\$78.10 prov)	\$94.04

Service Description	Procedure Code	Physician	Psychologist and Provisional Psychologist	LIMHP/LMHP/PLMHP/RN/ LADC	PA/APRN
Professional Resource Family Care (PRFC)					
PRFC - Direct Care Staff	T1027	Psychoeducation staff, per diem: \$ 54.33			
PRFC - Individual Therapy	90804 U2	\$65.09	\$ 54.21 (\$51.50 prov)	\$ 45.56 (\$43.28 prov)	\$52.12
PRFC - Individual Therapy	90805 U2	\$56.77	N/B	N/B	\$40.04
PRFC - Individual Therapy	90806 U2	\$99.56	\$ 82.92 (\$78.77 prov)	\$ 69.69 (\$66.20 prov)	\$79.72
PRFC - Individual Therapy	90807 U2	\$106.50	N/B	N/B	\$69.78
PRFC - Individual Therapy	90808 U2	\$150.74	\$ 125.54 (\$119.26 prov)	\$105.52 (\$100.24 prov)	\$120.70
PRFC - Individual Therapy	90809 U2	\$107.74	N/B	N/B	\$94.61
PRFC - Family Therapy	90846 U2	\$112.00	\$ 89.59 (\$87.30 prov)	\$ 80.58 (\$78.56 prov)	\$80.58
PRFC - Family Therapy	90847 U2	\$117.44	\$ 97.81 (\$92.92 prov)	\$ 82.21(\$78.10 prov)	\$94.04
PRFC - Group Therapy	90853 U2	\$35.49	\$ 29.55 (\$28.07 prov)	\$ 24.84 (\$23.60 prov)	\$28.41
PRFC Therapeutic Leave Day: Home	T1027 UA	per diem: \$ 54.33			
PRFC Therapeutic Leave Day: Psych	T1027 UB	per diem: \$ 54.33			
PRFC Therapeutic Leave Day: Med/Surg	T1027 UC	per diem: \$ 54.33			
CCAA	H2000	With Prior Authorization Only: \$967.68			
CCAA Timely Incentive	n/a	With Prior Authorization Only: \$196.23			
CCAA Addendum	H2000 52	With Prior Authorization Only: \$438.16			
CCAA Secure Overnight	H2000 U1	With Prior Authorization Only: \$158.66			
CCAA Telehealth Psychiatrist	n/a	With Prior Authorization Only: \$73.13			

NOTES

- > N/B indicates a non-billable service for this discipline level.
- > Reimbursement is based on clinician's licensure (discipline level), not their academic credentials.
- > This reimbursement schedule represents the most frequently utilized CPT codes for professional services.
- > Rates for all services are subject to the provisions and limitations of the members benefit plan including authorization requirements.
- > Nothing in this schedule should be construed as altering member benefits.
- > Providers may only provide services and bill codes as allowed within their scope of practice based on professional training and state licensure.
- > If a provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this agreement.

MEDICAID MANAGED CARE FACILITY RATES

Service Description	Procedure Code	Unit	Facility Rate
Inpatient Hospitalization			
Days 1 & 2		Per Diem	\$673.82
Days 3 & 4		Per Diem	\$622.87
Days 5 & 6		Per Diem	\$594.56
Days 7 +		Per Diem	\$566.25
Subacute Hospitalization		Per Diem	\$502.47
Outpatient Hospital ECT	90870	1 session	\$106.21
Psychiatric Res Treatment Facility (PRTF)			
Community Based (CB) PRTF	T2048	Per Diem	\$288.54
CB TLD: HOME	T2048 UA	Per Diem	\$288.54
CB TLD: ICD-Psych	T2048 UB	Per Diem	\$288.54
CB TLD: ICD-Med/Surg	T2048 UC	Per Diem	\$288.54
Hospital Based (HB) PRTF	H2013	Per Diem	\$387.83
HB TLD: HOME	H2013 UA	Per Diem	\$387.83
HB TLD: ICD-Psych	H2013 UB	Per Diem	\$387.83
HB TLD: ICD-Med/Surg	H2013 UC	Per Diem	\$387.83
Specialty PRTF	T2033	Per Diem	\$307.00
Spec TLD: HOME	T2033 UA	Per Diem	\$307.00
Spec TLD: ICD-Psych	T2033 UB	Per Diem	\$307.00
Spec TLD: ICD-Med/Surg	T2033 UC	Per Diem	\$307.00
Partial Hospitalization (Minimum of 6 Hours)	H2012	Per Hour	\$40.82
Partial Hospitalization (3 to 6 Hours)	H2012 52	Per Hour	\$40.82
Therapeutic Group Home (ThGH)			
ThGH - Psychoeducation Staff	H2020	Per Diem	\$155.25
ThGH - Individual Therapy	90804 U6	1 session	See rates on previous page. Payment the same as unmodified therapy codes, by licensure level.
ThGH - Individual Therapy	90805 U6	1 session	
ThGH - Individual Therapy	90806 U6	1 session	
ThGH - Individual Therapy	90807 U6	1 session	
ThGH - Individual Therapy	90808 U6	1 session	
ThGH - Individual Therapy	90809 U6	1 session	
ThGH - Family Therapy	90846 U6	1 session	
ThGH - Family Therapy	90847 U6	1 session	
ThGH - Group Therapy	90853 U6	1 session	
ThGH Therapeutic Leave Day: Home	H2020 UA	Per Diem	\$155.25
ThGH Therapeutic Leave Day: Psych	H2020 UB	Per Diem	\$155.25
ThGH Therapeutic Leave Day: Med/Surg	H2020 UC	Per Diem	\$155.25

Service Description	Procedure Code	Unit	Facility Rate
23:59 Hours Holding/Observation Bed			
Hours 1 through 8	S9484	Per Hour	\$33.05
Hours 9 through 16		Per Hour	\$26.47
Hours 17 through 23:59		Per Hour	\$6.58
Community Treatment Aid	H0036	Per 15 minute unit	\$10.80
Adult Day Treatment (3 Hours Minimum)	H2012 52	Per Hour	\$40.58
Adult Intensive Outpatient - Psych. (3 Hours Minimum)	S9480	Per Diem	\$97.36

MEDICAID MANAGED CARE ADULT SUBSTANCE ABUSE RATES

Service Description	LEVEL	Procedure Code	Unit	Psychologist and Provisional Psychologist	PA & APRN	LIMHP/ LMHP/ PLMHP/ RN	LADC/ PLADC	FACILITY
Substance Abuse Assessment		H0001	one	\$213.69 (\$208.22 prov)	\$178.08	\$178.08 (N/B RN)	\$178.08 (N/B PLADC)	
Assessment Addendum		H0001 52	one	\$ 63.70 (\$62.06 prov)	\$63.70	\$ 63.70 (N/B RN)	\$ 63.70 (N/B PLADC)	
Outpatient	I							
Community Support		H2015 HF	15 minutes					\$20.00
Group Therapy		H0005	1 session	\$ 32.37 (\$31.54 prov)	\$24.29	\$ 24.29 (\$23.66 prov)	\$ 24.29 (\$23.66 prov)	
Family Therapy with client		90847 HF	1 session	\$ 97.81 (\$92.92 prov)	\$94.04	\$ 82.21 (\$78.10 prov)	\$ 82.21 (\$78.10 prov)	
Family Therapy w/o client		90846 HF	1 session	\$ 89.61 (\$87.36 prov)	\$80.60	\$ 80.60 (\$78.59 prov)	\$ 80.60 (\$78.59 prov)	
Individual Therapy		90806 HF	45-50"	\$ 82.92 (\$78.77 prov)	\$79.72	\$ 69.69 (\$66.21 prov)	\$ 69.69 (\$66.21 prov)	
Intensive Outpatient	II.1							
IOP Dual Diagnosis Capable		H0015	1 hour					\$26.22
Partial Hospitalization	II.5							
Partial Care Dual Diagnosis Capable		H0035	1 day					\$69.97
Clinically Managed Low Intensity Residential Treatment	III.1							
Halfway House Dual Diagnosis Capable		H2034	1 day					\$60.78
Clinically Managed Medium Intensity Residential Treatment	III.3							

Service Description	LEVEL	Procedure Code	Unit	Psychologist and Provisional Psychologist	PA & APRN	LIMHP/ LMHP/ PLMHP/ RN	LADC/ PLADC	FACILITY
Intermediate Residential Dual Diagnosis Capable		H0019	1 day					\$147.04
Therapeutic Community Dual Diagnosis Capable		H0019 TT	1 day					\$132.29
Clinically Managed High Intensity Residential Treatment	III.5							
Short Term Residential Dual Diagnosis Capable		H0018 HF	1 day					\$178.76
Residential Treatment Dual Diagnosis Capable		H0018 HH	1 day					\$203.96
Ambulatory Detoxification with Extended On-Site Monitoring	II-D	H0014	1 day					\$116.92
Clinically Managed Residential Social Detoxification	III.2-D	H0012	1 day					\$165.46

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